Community & Family Health Services Division Plan & Report, 2001



November, 2000



This report can be reproduced and distributed without permission.

For more information, contact:

Mailing Address: Utah Department of Health

Division of Community and Family Health Services

P.O. Box 142001

Salt Lake City, Utah, 84114-2001

Physical Address: Utah Department of Health

Martha Hughes Cannon Health Building

288 North 1460 west

Salt Lake City, Utah, 84116

Telephone: (801) 538-6783 FAX: (801) 538-6510 Email: tjohnson@doh.state.ut.us

This report is also available on the Internet at URL: www.health.state.ut.us/CFHS/DATA

Division Plan and Report 2001



George W. Delavan, M.D. Division Director

November 2000

Division of Community and Family Health Services (CFHS)
Utah Department of Health

Suggested Citation:

Division of Community and Family Health Services. CFHS Division Plan and Report, 2001. Salt Lake City, UT: Utah Department of Health, 2000.

November, 2000

Dear Friends and Colleagues:

I am pleased to present to you the 2001 Plan and Report for the Division of Community and Family Health Services (CFHS), Utah Department of Health. This annual plan and report highlights indicators of chronic disease, maternal and infant health, vaccine-preventable diseases, and violence and injury. It also highlights the services of the Children with Special Health Care Needs (CSHCN) program.

The goals of CFHS are to reduce preventable illness, disability, and death from adverse pregnancy outcomes, chronic diseases, disabling conditions, injury and violence, and vaccine-preventable infections. This report will communicate to the public our goals, health measures, activities, and accomplishments. We have designed this report by health topic or indicator. For each, we clearly define the issue and describe 1) why it is important, 2) how we are doing, 3) how we compare to the nation, 4) the risk factors, and 5) what we are doing. This document establishes accountability for our programs in their efforts to meet the Division and Department goals.

I encourage you to share your ideas, suggestions and comments with report coordinators in the Data Resources Program:

288 North 1460 West, Box 142001, Salt Lake City, UT 84114-2001 Telephone: (801) 538-6783 FAX: (801) 538-6510 or email: tjohnson@doh.state.ut.us This document is available electronically on the Internet world wide web at: http://www.health.state.ut.us/CFHS/DATA.

Thank you for your continued support.

Sincerely,

George W. Delavan, M.D. Division Director

Acknowledgments

The CFHS Division Plan and Report 2001 was prepared by the Utah Department of Health, Division of Community and Family Health Services (CFHS) Data Resources Program. This report was commissioned by:

George W. Delavan, M.D., Division Director

LaDene Larsen, Director, Bureau of Health Promotion Christine Chalkley, Assistant Director, Bureau of Health Promotion Nan Streeter, Director, Bureau of Maternal and Child Health Fan Tait, Director, Bureau of Children with Special Health Care Needs Holly Balken, Assistant Director, Bureau of Children with Special Health Care Needs

The following people contributed to this report:

Maternal and Child Lois Bloebaum**

Debby Carapeza Lori Casper Sharon Clark* Marcia Feldkamp Jan Heins Shaheen Hossain* Fay Keune Debbie Long Lynn Martinez Nan Streeter

Chronic Disease

Anna West

Karen Zinner*

Denise Beaudoin* Claudia Bohner Peggy Bowman Richard Bullough Karen Coats Mike Friedrichs* Rebecca Giles Shaheen Hossain* Barbara Larsen LaDene Larsen** Kathryn Marti* Nancy Neff Brenda Ralls* Kathryn Rowley Rosemary Thackeray Joan Ware

Disabling Conditions

John Eichwald* ** Don Johnson Fay Keune Tom Mahoney Susan Ord Stephanie Robinson

Violence and Injury

Sharon Clark* Trish Keller** Anna Larson* Don Mudgett Rita Penza*

Vaccine Preventable Infections

Linda Abel** Felicia Alvarez Caroline Green Martee Hawkins Rebecca Ward Karen Zinner*

The Division Information Resources Team (DIRT), under the direction of the Data Resources Program, guided the layout and content of the report and helped in coordination. We recognize their leadership and expertise. Members include: Shaheen Hossain (chair), Sharon Clark (vice-chair), Denise Beaudoin, Kirsten Davis, John Eichwald, Mike Friedrichs, Steve Hadden, Tara Johnson, Anna Larson, Rita Penza, Brenda Ralls, Randy Tanner, and Karen Zinner.

We also recognize Lois Haggard, Kimberly Neerings, and Tong Zheng from the Office of Public Health Assessment for their assistance and consultation. Very special acknowledgement goes to Tara Johnson for a superb editing job of this document.

^{*} indicates Division Information Resource Team (DIRT) members who helped significantly in the coordination of this report

^{**} indicates cluster leader

Table of Contents

Division of Community and Family Health Services Mission Statement	1
Executive Summary	ii
Section 1: Children With Special Health Care Needs (CSHCN)	1
Fostering Healthy Children.	6
Baby Watch Early Intervention	8
Hearing, Speech, & Vision Services (HSVS)	10
Newborn Screening Program.	12
Section 2: Chronic Disease	15
Arthritis	18
Breast Cancer	20
Colorectal Cancer	22
Coronary Heart Disease	24
Dental Caries	26
Diabetes Mellitus	28
Fruit and Vegetable Consumption	30
Lung Cancer	32
Obesity	34
Physical Activity	36
Smoking	39
Section 3: Maternal and Infant Health	45
Unintended Pregnancy	50
Teen Pregnancy	53
Prenatal Care	55
Low Birth Weight	58
Breastfeeding	60
Neural Tube Defects	63
Infant Mortality	65
Maternal Mortality	67
Section 4: Vaccine Preventable Infections	71
Adequately Immunized Children	74
School Entry Immunizations	76
Adolescent Vaccinations	78
MMR (Measles, Mumps, Rubella).	80
Hepatitis A	82
Hepatitis B.	84
Flu & Pneumonia Vaccinations.	
Section 5: Violence and Injury	87
Unintentional and Intentional Injury	92
Motor Vehicle Crashes (Occupant)	94
Pedestrian Injury.	96
Bicycle Injury	98
Falls and Fall Related Injury.	100
	100
Rape and Sexual Assault	102
Suisida	104

Mission Statement

The Division of Community and Family Services, in partnership with others in the community, furthers the Department mission to protect the public's health by:

Preventing avoidable illness, injury, disability and premature death

Assuring access to affordable quality healthcare

Promoting healthy lifestyles

Division Goals

Through effective interventions, the Division will aim to reduce illness, disability and deaths from significant:

Adverse Pregnancy Outcomes

Chronic Diseases

Disabling Conditions

Violence and Injury

Vaccine-Preventable Infections

Executive Summary

The CFHS Division Plan and Report was designed to be an integrated and comprehensive reporting system of the objectives and outcome measures for the programs within the Division of Community and Family Health Services, Utah Department of Health. This document reflects enhanced communication, cooperation, and collaboration across the entire Division. This is the fourth edition.

Based on the Division's goals and focus areas, five cluster work groups were formed. The cluster groups consisted of program managers, bureau directors, data experts, and program staff. Each cluster was responsible for selecting major public health indicators or topics for this report. Members discussed and defined major objectives for each indicator, which are often consistent with Healthy People 2010. The content of this report reflects what we believe the public wants and is entitled to know about each selected health topic. Each topic, where appropriate, addresses the following:

- What is the problem and how do we define it?
- What is the supporting data?
- What are our major goals or objectives?
- How are we doing overall?
- How do we compare to the U.S.?
- What are the risk factors?
- What are we doing?
- Additional contextual information.

The objectives are presented, along with the most recent data, to allow a cursory evaluation and assessment of the progress of the programs for reaching their goals.

The following are highlights from the Division Plan and Report 2001:

Children with Special Health Care Needs

Infants and children with high-risk health conditions must be identified early in order to help assure that they and their families receive the care and assistance needed to prevent morbidity and promote optimal development.

- The Fostering Healthy Children program ensures that health care needs of children in the Utah Child Welfare system are met.
- Hearing, speech, and vision screening provides early identification of newborns with significant hearing loss and speech and vision problems. Early screening results in reduced morbidity and optimal development.
- Newborn screening prevents permanent impairment from metabolic disorders such as PKU, galactosemia, and congenital hypothyroidism.

Chronic Disease

Chronic diseases are the leading cause of death in Utah. They are a burden on public and individual resources. Early detection, treatment, and adoption of a healthy lifestyle can prevent an estimated 50% of illness and deaths due to chronic diseases.

- Arthritis affects nearly 1 of every 6 Americans making it one of the most common diseases in the United States.
- Breast cancer is the most commonly occurring cancer among U.S. women and a leading cause of female cancer death in both Utah and the U.S.
- Colorectal cancer is the second leading cause of cancer-related deaths in the U.S. and Utah. Deaths from colorectal cancer can be reduced with early detection and treatment.
- Cardiovascular disease is the leading cause of death, disability, and medical care costs in Utah
- Dental disease is one of the most preventable health problems in Utah affecting at least 65% of 6 to 8 year old children.
- Seventy-five percent of all diabetes related deaths are from cardiovascular complications.
 People with diabetes are 2 to 4 times more likely to have a heart attack or stroke than people without diabetes.
- Research shows a diet of five or more servings of fruits and vegetables per day is associated with reduced risk of cancer, coronary heart disease, diabetes, and other chronic diseases.
- Lung cancer is the leading cause of cancer-related deaths in the U.S. and Utah.
- Obesity is the second leading cause of preventable death in the U.S.
- Benefits from regular physical activity include lowering death rates of any age, decreasing risk of chronic diseases, increasing muscle and bone strength, and improving mood.
- Cigarette smoking is the single most preventable cause of disease and death in the United States and accounts for more deaths each year than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes and fires combined.

Maternal and Infant Health

Utah continues to report the highest total fertility rate and birth rate in the United States. Although maternal, fetal, and infant death rates have been decreasing in Utah, low birth weight rates continue to increase.

- Unintended pregnancy is costly to both the individual involved and to society as a whole. Fifty-four percent of unintended pregnancies end in abortion.
- Children born to teenage mothers are likely to encounter additional health risks when compared with children born to older mothers.
- Prenatal care contributes to reductions in perinatal morbidity and mortality by identifying potential risks to mothers.
- Low birth weight increases the risk for infant mortality and morbidity.
- Research shows advantages to infants, mothers, families, and society from breastfeeding and the use of human milk for infant feeding.
- Neural tube defects (NTDs) have decreased dramatically since the discovery that folic acid prevents NTDs. Education is a key preventive component.
- Infant mortality is a critical indicator of the health of a population. It reflects the overall state of maternal and infant health.
- Understanding the characteristics of women who die as a result of pregnancy complications and the risk factors for pregnancy-related death is essential in developing strategies to prevent both mortality and morbidity associated with pregnancy complications.

Vaccine Preventable Infections

Immunizations are the most cost-effective health prevention measures and reduce the possibility of vaccine-preventable disease and outbreaks.

- Entry requirements for school and day care are one of the most effective interventions states have to ensure children are appropriately immunized.
- Diseases such as hepatitis B, rubella, and measles remain problematic among the adolescent population.
- Related costs for the 1996 measles outbreak were estimated at over \$600,000. Measles
 outbreaks will continue to be a problem in Utah as long as children have not received their
 second dose measles vaccine.
- The United States saves over \$13 dollars for every dollar invested in the measles/mumps/rubella vaccination a savings of approximately \$4 billion dollars each year.
- Hepatitis A infection results in substantial cost for medical care and work loss.
- Infants born to mothers with hepatitis B are at extreme risk. Prevention efforts focus on appropriate treatment for mothers.
- Pnuemococcal disease accounts for more deaths than any other vaccine-preventable bacterial disease.

Violence and Injury Prevention

Injury is the leading cause of death for Utah children and adults ages 1-44 years old. In addition to loss of life, injury costs millions of dollars in medical care, rehabilitation, lost income for individuals and families, and lost productivity for society.

- Although rates are decreasing, unintentional injury continues to take a terrible toll in terms of death, personal suffering, and economic cost. In Utah, during 1996-1998, unintentional injury resulted in 1,892 deaths, and 29,833 hospitalizations.
- Intentional injury results in emotional harm for the victim, victim's family, friends, and loved ones. During 1997, violent crime increased 5.3%.
- MV Crashes
- During 1996-1998 in Utah, 143 people died from pedestrian related injuries. In addition, there were 630 hospitalizations and 2,930 visits to hospital emergency rooms.
- Bicycles are associated with more childhood injuries than any other consumer product except the automobile. Head injury is the leading cause of death in bicycle-related crashes.
- Falls are the most common cause of injury hospitalization and the third leading cause of injury death in Utah. Utah has one of the highest rates for unintentional fall-related deaths in the United States.
- Suicide is the second leading cause of injury death in Utah. It causes devastating personal
 and emotional suffering for the victim's family and friends, as well as serious social and
 economic consequences for the community.
- In Utah, it is estimated that a rape occurs once every 11 hours. Rape is a crime of violence that affects women, children, and men of all ages, race, and backgrounds.
- Battering by a partner is the single major cause of injury to women. Every year, domestic violence results in almost 100,000 days of hospitalizations, almost 30,000 emergency department visits, and almost 40,000 visits to a physician. ◆